

DECLARATION COMBINED WITH POWER OF ATTORNEY



As a below named inventor, I hereby declare that:

My residence, post office and citizenship are as stated below next to my name

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

"CLEANING COMPOSITIONS COMPRISING AN OXIDOREDUCTASE"

bearing the above listed Procter & Gamble Company Case number, the specification of which was filed as PCT/US97/12445, designating at least the United States of America, with the United States Receiving Office on 09 July 1997.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37 Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35 United States Code §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN APPLICATION(S) TO WHICH WE CLAIM PRIORITY.

I hereby claim the benefit under Title 35 United States Code §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 United States Code §112, I acknowledge the duty to disclose material information as defined in Title 37 Code of Federal Regulations §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

_____ (Appln. Serial No.)	_____ (Filing Date)	_____ (Status) (patented, pending, abandoned)
_____ (Appln. Serial No.)	_____ (Filing Date)	_____ (Status) (patented, pending, abandoned)
_____ (Appln. Serial No.)	_____ (Filing Date)	_____ (Status) (patented, pending, abandoned)

I hereby appoint the following as my attorney(s) or agent(s) with full power of substitution to prosecute this application and transact all business in the Patent and Trademark office connected therewith.

<u>Name</u>	<u>Registration No.</u>	<u>Associate Power of Attorney Attached</u>
Jacobus C. Rasser	37.043	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Donald E. Hasse	29.387	
T. David Reed	32.931	
Eileen L. Hughett	34.352	

SEND CORRESPONDENCE TO

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Name Phone No.
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: HERBOTS, Ivan Maurice Alfons Jan

Inventor's signature: [Signature] Date: 15th September 1997
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Full name of second joint inventor, if any: BUSCH, Alfred (NMN)

Inventor's signature: [Signature] Date: Sep 5-97
Residence: Handelsstraat 210, B-1840 Londerzeel,
Citizenship: DE BE

Post Office Address: Procter & Gamble Eurocor N.V.
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Full name of third joint inventor, if any:

Inventor's signature: _____ Date: _____
Residence: _____
Citizenship: _____
Post Office Address: _____

Full name of fourth joint inventor, if any:

Inventor's signature: _____ Date: _____
Residence: _____
Citizenship: _____
Post Office Address: _____